



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
REAL ESTATE APPRAISER COMMISSION
500 JAMES ROBERTSON PARKWAY, SUITE 620
NASHVILLE, TENNESSEE 37243
615-741-1831

Reciprocal Renewal Notice

License/Certification Number _____

Name: _____

Address: _____

E-Mail Address: _____

Renewal Fee.....\$400.00

**Payment and 28 hours of continuing
education must be received in this office 30
days prior to expiration date or late fee of
\$100.00 applies.**

Total Amount Due.....\$ _____

Amount Paid.....\$ _____

Please indicate the type of address change by marking an
"X" in the appropriate box below. An additional \$25.00 is
required for address changes.

☐ Business ☐ Home ☐ Mailing

Phone: _____

Fax Number: _____

New Address: _____

E-Mail Address: _____

Return To:

State of Tennessee
Real Estate Appraiser Commission
500 James Robertson Parkway Suite 620
Nashville, Tennessee 37243-1166

Reciprocal renewals must also include a copy of current, valid license/certificate from domicile state to be mailed with renewal notice and complete the affidavit below and have notarized. Copies of certificates of education received during the past two years must also be sent with this renewal.

This is to certify that I, a nonresident licensed or certified appraiser in Tennessee, hold a valid license/certificate in _____, license/certificate # _____. I further certify that I am in good standing and have met all the continuing education requirements of the same.

Printed Name

State of _____
Notary Public

County of _____

Sworn to and subscribed before me this

_____ day of _____, _____.

Signature

Notary Public

My Commission Expires _____